

**INDIVIDUAL HEALTH CHECKLIST  
(LIMITED HEALTH SERVICE BENEFIT PLAN)**

- ( ) **Review with General Health Insurance Policy Checklist**
- ( ) **Review with Checklist for Grievance and Appeals of Limited Health Service Benefit Plan**
- ( ) **Requires HIPMC F-37**

**Mandatory Provisions/Benefits**

The following provisions must be included in the individual policies. If they do not appear, check the statute to be sure it applies to the type policy being reviewed. See KRS 304.17-300 as a general reference.

- ( ) KRS 304.17-030(1)      Entire money and other consideration
- ( ) KRS 304.17-030(2)      Date and duration
- ( ) KRS 304.17-030(3)      Insure only one person unless family policy
- ( ) KRS 304.17-030(4)      No undue prominence to any portion of text
- ( ) KRS 304.17-030(5)      Exceptions and reductions specified
- ( ) KRS 304.17-030(6)      Form number in the lower left hand corner of the first page
- ( ) KRS 304.17-050          Entire contract
- ( ) KRS 304.17-060          Limitation on defenses and incontestability (3 years)
- ( ) KRS 304.17-070          Grace period
- ( ) KRS 304.17-080          Reinstatement
- ( ) KRS 304.17-090          Notice of claim (60 days)
- ( ) KRS 304.17-100          Claim forms (15 days )
- ( ) KRS 304.17-110          Proof of loss (90 days)
- ( ) KRS 304.17-120          Time of payment of claims (30 days)
- ( ) KRS 304.17C-090          Time of payment of claims for Dental only (30 days)
- ( ) KRS 304.17-130          Payment of claims at the insured's death
- ( ) KRS 304.17-140          Physical examination and autopsy

- ( ) KRS 304.17-150 Legal actions (60 days to 3 years)
- ( ) KRS 304.17-160 Change of beneficiary
- ( ) KRS 304.17-170 Right to examine and return policy (10 days)  
(Must be on face page)
- ( ) KRS 304.17-270 Right to refuse renewal
- ( ) KRS 304.17C-030 Disclosure of covered services, restrictions or limitations, financial responsibility of covered person, prior authorization requirements or any review requirements with respect to covered services, where and how services may be obtained, changes in covered services, covered persons right to appeal if the insurer elects to provide UR, procedures for appeal and measures to ensure confidentiality of the relationship between an enrollee and a health care provider
- ( ) KRS 304.17C-110 Payment to optometrist same as physician or osteopath

#### **Required Offerings**

- ( ) KRS 304.17-310(1) Dependent coverage
- ( ) KRS 304.17-310(2) Continuing coverage for handicapped child
- ( ) KRS 304.17-310(3) Unmarried dependent child coverage until 25 years of age

**The following must be covered. If not specifically mentioned as a benefit, they may not be excluded.**

- ( ) KRS 304.14-370 Binding arbitration cannot be required.  
Arbitration can be an option.
- ( ) KRS 304.17-305 Indemnity payable for services performed by optometrists, osteopaths, physicians, or chiropractors when policy provides for services within the scope of their practice
- ( ) KRS 304.12-013 Coverage for AIDS
- ( ) KRS 304.12-250 May not exclude work-related conditions unless the claimant is eligible for benefits under any workers' compensation
- ( ) KRS 304.17-415 Prompt return of unearned premium

### **Optional Provisions**

The following provisions may be included. See KRS 304.17-300 as a general reference.

- ( ) KRS 304.17-190 Change of occupation
- ( ) KRS 304.17-200 Misstatement of age
- ( ) KRS 304.17-210 Other insurance in this insurer
- ( ) KRS 304.17-220 Insurance with other insurers
- ( ) KRS 304.17-230
- ( ) KRS 304.17-240 Relation of earnings to insurance
- ( ) KRS 304.17-250 Unpaid premium
- ( ) KRS 304.17-260 Conformity with state statutes
- ( ) KRS 304.17-280 Illegal occupation
- ( ) KRS 304.17-290 Use of intoxicants
- ( ) KRS 304.14-230(1) The policy may be delivered by electronic transfer, by agreement between the insurer and the insured or the person entitled to receive the policy.

### **Prohibited Provisions**

- ( ) KRS 304.5-160 No health insurance contract shall cover abortion except by rider.
- ( ) KRS 304.17-030(7) Incorporation by reference of charter, rules, constitution, or by-laws of insured
- ( ) KRS 304.17-360 Benefits or values for surviving or continuing policyholders contingent upon termination or lapse of other policyholders
- ( ) 806 KAR 17:050 Limit or exclude obligation to pay because insured is eligible for or receiving Medicaid